

Food Establishment Inspection Report				Page 1 of 2
Establishment Name: <b>WMMCP</b>		Address: <b>206 Canyon</b>		City: <b>Georgetown</b>
Permit #: _____		Email: _____		State: <b>NM</b> Zip Code: <b>87020</b>
		Est. Type: <b>I</b>		Risk Category: _____
<b>As Governed by State Regulation 7.6.2 NMAC</b> <b>NMED Environmental Health Bureau</b> <b>121 Tijeras Ave. NE, Albuquerque NM 87102</b>		<b>Purpose of Inspection:</b> <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Complaint <input type="checkbox"/> Closing <input type="checkbox"/> Opening <input type="checkbox"/> Follow-up <input type="checkbox"/> Investigation <input type="checkbox"/> CAR		<b>Permit Expiration</b> Date: _____ Time In: <b>10:07</b> Time Out: _____
		<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Circle designated compliance status (IN, OUT, N/A) for each numbered item IN=in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable    Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection    R=repeat violation				
<b>Compliance Status</b>		<b>Compliance Status</b>		
<b>Supervision</b>		<b>Protection from Contamination</b>		
1	OUT	Person in charge present, demonstrates knowledge, and performs duties	16	OUT
2	IN OUT N/A	Certified Food Protection Manager <b>3/1/18</b>	17	OUT N/A
<b>Employee Health</b>		<b>Time/Temperature Control for Safety</b>		
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting	19	IN OUT N/A N/O
4	IN OUT	Proper use of restriction & exclusion	20	IN OUT N/A N/O
5	IN OUT	Procedures for responding to vomiting and diarrheal events	21	IN OUT N/A N/O
<b>Employees</b>		<b>Food/Color Additives and Toxic Substances</b>		
6	IN OUT N/A	Food Handler Cards <b>3/1/18</b>	22	IN OUT N/A N/O
<b>Good Hygienic Practices</b>		<b>Consumer Advisory</b>		
7	IN OUT N/O	Proper eating, tasting, drinking or tobacco use	23	IN OUT N/A N/O
8	OUT	No discharge from eyes, nose, and mouth	24	IN OUT N/A N/O
<b>Preventing Contamination by Hands</b>		<b>Highly Susceptible Populations</b>		
9	IN OUT N/O	Hands clean & properly washed	25	IN OUT N/A N/O
10	IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed	<b>Conformance with Approved Procedures</b>	
11	IN OUT	Adequate handwashing sinks; supplied & accessible	26	IN OUT N/A
<b>Approved Source</b>		<b>HACCP</b>		
12	IN OUT	Food obtained from approved source		
13	IN OUT N/A N/O	Food received at proper temperature		
14	IN OUT	Food in good condition, safe, & unadulterated		
15	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations	0
No. of Repeat Risk Factors / Intervention Violations	0

GOOD RETAIL PRACTICES			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation			
<b>Safe Food and Water</b>		<b>Proper Use of Utensils</b>	
31	Pasteurized eggs used where required	44	In-use utensils: properly stored
32	Water & ice from approved source	45	Utensils, equipment & linens properly stored, dried, & handled
33	Variance obtained for specialized processing methods	46	Single-use/single-service articles: properly stored & used
<b>Food Temperature Control</b>		47	Gloves used properly
34	Proper cooling methods used; adequate equipment for temperature control	<b>Utensils, Equipment and Vending</b>	
35	Plant food properly cooked for hot holding	48	Food & non-food contact surfaces cleanable, properly designed, constructed, & used
36	Approved thawing methods used	49	Warewashing facilities: installed, maintained, & used; test strips
37	Thermometers provided & accurate	50	Non-food contact surfaces clean
<b>Food Identification</b>		<b>Physical Facilities</b>	
38	Food properly labeled; original container	51	Hot & cold water available; adequate pressure
<b>Prevention of Food Contamination</b>		52	Plumbing installed; proper backflow devices
39	Insects, rodents, & animals not present	53	Sewage & waste water properly disposed
40	Contamination prevented during food preparation, storage & display	54	Toilet facilities: properly constructed, supplied & cleaned
41	Personal cleanliness	55	Garbage & refuse properly disposed; facilities maintained
42	Wiping cloths: properly used & stored	56	Physical facilities installed, maintained, & clean
43	Washing fruits & vegetables	57	Adequate ventilation & lighting; designated areas used

<b>Status:</b> (check one)	Approved <input checked="" type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Immediate Closure <input type="checkbox"/>	Voluntary Closure <input type="checkbox"/>
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No. of Good Retail Practices Violations	1
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No. of Repeat Good Retail Practices Violations	0
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Follow-up:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Date: _____
Corrective Action Response:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Date: <b>7/29/17</b>

Person in Charge (Signature): <b>[Signature]</b>
Inspector (Signature): <b>[Signature]</b>
Date: <b>29 July 2017</b>

ZG001098

Exhibit L

# Food Establishment Inspection Report

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As Governed by State Regulation 7.6.2 NMAC  
NMED Environment Health Bureau  
121 Tijeras Ave NE, Albuquerque NM 87102

Establishment Name:

WNMF  
Lobo Canyon

Permit #:

Date:

Address: L-5, Cochin

City: Georgetown

State: NY

Zip Code: 87020

**Phone:**

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cooler #3	40°F				
Cooler #2	39°F				
Freezer #1	9°F				
Refr in Cooler	37°F				
Refr in Freezer	9°F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Item  
Number

59

6-501.111 Evidence of mouse droppings  
found in cooler #4 area.

Person in Charge (Signature)

Inspector (Signature)

Date:

Date: 24 July 2017



Food Establishment Inspection Report				Page 1 of 2
Establishment Name: <u>WNMF Dining Room</u>		Address: <u>Labo Canyon</u>		City: <u>Goody</u>
Permit #: _____		Email: _____		State: <u>NM</u> Zip Code: <u>87020</u>
		Est. Type: <u>F</u>		Risk Category: _____
<b>As Governed by State Regulation 7.6.2 NMAC</b> <b>NMED Environmental Health Bureau</b> <b>121 Tijeras Ave. NE, Albuquerque NM 87102</b>		<b>Purpose of Inspection:</b> <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Complaint <input type="checkbox"/> Closing <input type="checkbox"/> Opening <input type="checkbox"/> Follow-up <input type="checkbox"/> Investigation <input type="checkbox"/> CAR		<b>Permit Expiration</b> Date: _____ Time In: <u>10:37</u> Time Out: _____

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/A) for each numbered item				Mark "X" in appropriate box for COS and/or R											
IN=in compliance		OUT=not in compliance		N/A=not applicable		COS=corrected on-site during inspection		R=repeat violation							
Compliance Status				COS		R		Compliance Status				COS		R	
<b>Supervision</b>															
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties					<b>Protection from Contamination</b> 16 IN OUT Proper disposition of returned, previously served, reconditioned, & unsafe food 17 IN OUT N/A Food-contact surfaces: cleaned & sanitized 18 IN OUT N/A N/O Food separated & protected							
2	IN	OUT	Certified Food Protection Manager												
<b>Employee Health</b>															
3	IN	OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting					<b>Time/Temperature Control for Safety</b> 19 IN OUT N/A N/O Proper cooking time & temperatures 20 IN OUT N/A N/O Proper reheating procedures for hot holding 21 IN OUT N/A N/O Proper cooling time & temperature 22 IN OUT N/A N/O Proper hot holding temperatures 23 IN OUT N/A N/O Proper cold holding temperatures 24 IN OUT N/A N/O Proper date marking & disposition 25 IN OUT N/A N/O Time as a Public Health Control, procedures & records							
4	IN	OUT	Proper use of restriction & exclusion												
5	IN	OUT	Procedures for responding to vomiting and diarrheal events												
<b>Employees</b>															
6	IN	OUT	Food Handler Cards					<b>Highly Susceptible Populations</b> 27 IN OUT N/A Pasteurized foods used; prohibited foods not offered <b>Food/Color Additives and Toxic Substances</b> 28 IN OUT N/A Food additives: approved & properly used 29 IN OUT N/A Toxic substances properly identified, stored, & used <b>Conformance With Approved Procedures</b> 30 IN OUT N/A Compliance with variance / specialized process / HACCP							
<b>Good Hygienic Practices</b>															
7	IN	OUT	Proper eating, tasting, drinking, or tobacco use												
8	IN	OUT	No discharge from eyes, nose, and mouth					<b>Consumer Advisory</b> 26 IN OUT N/A Consumer advisory provided for raw/undercooked foods							
<b>Preventing Contamination by Hands</b>															
9	IN	OUT	Hands clean & properly washed												
10	IN	OUT	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed					<b>Approved Source</b> 12 IN OUT Food obtained from approved source 13 IN OUT N/A Food received at proper temperature 14 IN OUT Food in good condition, safe, & unadulterated 15 IN OUT N/A N/O Required records available: shellstock tags, parasite destruction							
11	IN	OUT	Adequate handwashing sinks; supplied & accessible												

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No. of Repeat Risk Factors / Intervention Violations	0

**GOOD RETAIL PRACTICES**

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Compliance Status				COS		R		Compliance Status				COS		R	
<b>Safe Food and Water</b>															
31			Pasteurized eggs used where required					<b>Proper Use of Utensils</b> 44 In-use utensils: properly stored 45 Utensils, equipment & linens: properly stored, dried, & handled 46 Single-use/single-service articles: properly stored & used 47 Gloves used properly							
32			Water & ice from approved source												
33			Variance obtained for specialized processing methods												
<b>Food Temperature Control</b>															
34			Proper cooling methods used; adequate equipment for temperature control					<b>Utensils, Equipment and Vending</b> 48 Food & non-food contact surfaces cleanable, properly designed, constructed, & used 49 Warewashing facilities: installed, maintained, & used test strips 50 Non-food contact surfaces clean							
35			Plant food properly cooked for hot holding												
36			Approved thawing methods used												
37			Thermometers provided & accurate					<b>Physical Facilities</b> 51 Hot & cold water available; adequate pressure 52 Plumbing installed; proper backflow devices 53 Sewage & waste water properly disposed 54 Toilet facilities: properly constructed, supplied & cleaned 55 Garbage & refuse properly disposed; facilities maintained 56 X Physical facilities installed, maintained, & clean X 57 Adequate ventilation & lighting; designated areas used							
<b>Food Identification</b>															
38			Food properly labeled; original container												
<b>Prevention of Food Contamination</b>															
39			Insects, rodents, & animals not present												
40			Contamination prevented during food preparation, storage & display												
41			Personal cleanliness												
42			Wiping cloths: properly used & stored												
43			Washing fruits & vegetables												

<b>Status: (check one)</b>	Approved <input checked="" type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Immediate Closure <input type="checkbox"/>	Voluntary Closure <input type="checkbox"/>
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No. of Good Retail Practices Violations	1
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No. of Repeat Good Retail Practices Violations	0
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Person In Charge (Signature)	<u>[Signature]</u>
Inspector (Signature)	<u>[Signature]</u>
Date:	<u>24 Sep 2017</u>

Follow-up:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Date:	
Corrective Action Response:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Date:	

ZG001100

[illegible]